									Application of Docket Number					
PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000										HOTE	901	8509/8	7695	
CLAIMS AS FILED - PART I (Column 1) (Column 2)									EN	TITY	OR	OTHER SMALL		
TO.	TAL CLAIMS		15					RATE		FEE		RATE	FEE	ĺ
FOR			NUMBER FILED		NUMBER EXTRA			BASIC F	EΕ	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			/ g minus 20=		· <i>D</i>			X\$ 9	-		OR	X\$18=		
INDEPENDENT CLAIMS			2/ minus 3 =		' /			X40=			OR	X80=	80.0	0
MUI	TIPLE DEPEND	DENT-GLAIM P	RESENT					+135	_		OR	+270=	0 =	F
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTA			OR	TOTAL	790.	þ
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)									.L. E	NTITY	OR	OTHER		
NTA		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	HEST HBER OUSLY FOR	PRESENT EXTRA		RATI	1	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	. /8	Minus	6	0	=		X\$ 9	=		OR	X\$18=		
ME	Independent	. 4	Minus	***	ap	= (,X40			OR	X80=		1
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135						1
								+135 TO			OR	TOTAL	<u> </u>	┨
								ADDIT. F			OR	ADDIT. FEE		┨
_	Sales and the sa	(Column 1) CLAIMS	TOTAL CONTROL OF THE PARTY OF T		ımn 2) HEST	(Column 3)	4				,			1
ENT B		REMAINING AFTER AMENDMENT		NUI PREV	MBER TOUSLY D FOR	PRESENT EXTRA		RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	. 18	Minus	** 6	20	= '		X\$ 9	=		OR	X\$18=		
AME	Independent	NTATION OF N	Minus	FNDEN	IT CLAIM	= /	┨	X40			OR	X80=		
┞	THOTTHEOL	THE THE PERSON OF THE	IOETH CE DEF			<u> </u>		+135	=		OR	+270=		
								TO ADDIT. I	TAL EE	- 1	OR	TOTAL ADDIT. FEE]
)_							١					
AMENDMENT C	1	CLAIMS REMAINING AFTER AMENDMENT		PREV	HEST MBER MOUSLY D FOR	PRESENT EXTRA		RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	-
NOW	Total	•	Minus	••		=		X\$ 9)=		OR	X\$18=		1
ME	Independent	·	Minus	***		=		X40			OR	X80=		1
IL	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								_		1		 	1
	If the cate is act.	mn 1 je lare the-	the only in sel-	mn 2 ····	rite "N" in o	olump 3		+135			OR			┛
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***ADDIT. FEE										OR	TOTAL ADDIT. FEE		1	
1	The "Highest Nu	ımber Previously nher Previously P	raig ror IN IHI Iaid For (Total o	o omaci r Indeper	c is less tr adent) is li	iaii 3, eiller 3. ne highest numl	ber fo	ound in th	e an	propriate b	ox in c	olumn 1.		1